

CLAIMS ONLY

Application Number

101723329

Filing Date

Applicant(s)

CLAIMS	AS FILED.		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3	/					
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47	/					
48	/					
49	/					
50	/					
Total Indep	4					
Total Depend	22					
Total Claims	26					

  

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						